



The Northern Neonatal Network

A managed clinical network
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Guideline for Maintaining Lactation

October 2012

Due for review – October 2014

Northern Neonatal Network guideline

Guideline for Maintaining Lactation

Purpose

This document offers guidance to healthcare professionals who are supporting lactating mothers on neonatal and post-natal wards.

Summary

The guideline suggests a method for giving mouth care to pre term and sick infants not being enterally fed and also helps improve the availability of expressed breast milk as well as for babies where mothers choose not to express.

Background

Human milk can have significant health benefits for babies and is the preferred choice of enteral nutrition.

The stressful environment of the neonatal unit can however, have an adverse effect on milk supply for the lactating mother. Interventions that may increase milk supply such as increased frequency of expressing, relaxation and support are not always successful.

For those mothers whose milk supply fails to respond to such approaches, pharmacological support may be indicated following a thorough assessment of lactation history.

Factors that may affect lactation include; gestation at birth, steroids prior to delivery, placental dysfunction and the type of delivery. Mammary tissue may be under-developed due to (extreme) prematurity¹, thus mothers breasts are not as prepared as they could be to undertake successful breastfeeding, which would occur if born at term. There is evidence that maternal steroid treatment for threatening preterm delivery may inhibit lactation². Therefore mothers who have received steroids antenatally may require increased support to initiate and sustain milk production. Impaired placental function can result in low levels of placental lactogen, which may also have a negative impact on breast development in pregnancy³. The absence of labour may result in a disturbed hormone balance and this has the potential to further delay lactation. Surgery may also delay initiation of lactation since there is some evidence to suggest that mothers who have had either an instrumental or a caesarean section delivery may experience a negative emotional impact as a result⁴. Finally, additional adverse factors that may affect lactation include medication that mother is taking, sleep, retained products of conception and diabetes.^{5,6,7,8}.

Method

Expressing History

These interventions are important in maintaining lactation:-

1. Expressing milk at least 8 times / 24hours
2. Expressing once during night
3. Breast massage before AND after expressing
4. Knowledge of how to hand express
5. Double pumping
6. Daily Kangaroo Care (Skin-to Skin)
7. Expressing next to baby

Rationale

1. Frequent expression minimizes build-up of the protein 'feedback inhibitor of lactation' (FIL) which down-regulates volumes as well as maintaining prolactin levels in the blood. Recommend 2-hourly expressing to 'kick-start' lactation⁹.
2. A break of no more than 5-6hrs is recommended to maintain prolactin levels which are higher at night¹⁰.
3. Massage (including nipple rolling) helps to elicit the milk ejection reflex (let-down)¹¹.
4. Hand expression is particularly effective in facilitating let-down¹².
5. Double pumping has been shown to increase milk volumes significantly and heighten prolactin response¹³.
6. There is strong evidence to suggest that regular (daily) skin-to-skin holding is associated with increased milk volumes¹⁴.
7. Expressing at close proximity to baby or using photos/smelling baby clothes is encouraged to mimic closeness.

Use of Domperidone or Metoclopramide

Domperidone or metoclopramide should never be used as a first approach to cure failing milk supply. Appropriate changes to lactation management during treatment need to be maintained in line with the above.

Is there an indication for Domperidone or metoclopramide? If yes - GP guidance to be given to mother or fax to GP (Example Template – see Appendix).

Please use the link below where you can find a detailed word document on drug treatment of inadequate lactation from UK Medicines Information (UKMi).

<http://www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Drug-treatment-of-inadequate-lactation>

Domperidone should be avoided in people who are already taking drugs that prolong the QT (for example erythromycin or ketoconazole).

Caution should be exercised if prescribing Domperidone to people who have existing prolongation of cardiac conduction intervals (particularly QTc), significant electrolyte disturbances, or underlying cardiac diseases such as congestive heart failure.

In a small Randomised Controlled Trial (below), side effects were more likely (not significant) with metoclopramide.



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Note to hospital medical staff: Please refer to maternal obstetric records when prescribing Domperidone.

Appendix

Example template for fax to GP recommending Domperidine for lactation

Neonatal Unit
Anywhere Hospital
Coronation Street
Anycity
AB1 1CD
Tel 0999 123 456

Re: ---Mother's name -- DOB --.--

---Address-----

Dear Doctor,
(*****Mother's name*****) delivered prematurely at ****week's** gestation on ****/**/20**** and initiated lactation soon after delivery.

Despite taking thorough measures to establish lactation, her milk volumes remain low. Following careful assessment, we would recommend treatment with Domperidone or Metoclopramide for 4 weeks.

You will be aware of the need to exclude pre-existing cardiac conditions and avoid other drugs that may prolong the Qt interval (erythromycin or ketoconazole) before prescribing domperidone.

The link below from the UK Medicine Index contains further details:

<http://www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Drug-treatment-of-inadequate-lactation>

If you agree that this is appropriate we would be grateful if you could prescribe this for her.

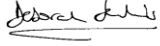
Yours sincerely,

*****Name of health professional*****

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